

AFFIDAVIT IN RE JOHN BALLOW, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS
COUNTY OF LINCOLN)

LEE BROOKS BALLOW, being first duly sworn, deposes and says:

That affiant is the son of JOHN BALLOW, Deceased. That Decedent died on the 8th day of December, 1993. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein JOHN BALLOW and RACHEL BALLOW, husband and wife, were Grantees. That under the laws of the State of Nevada, upon the death of JOHN BALLOW, the title and ownership of said real property became vested in RACHEL BALLOW as the surviving joint tenant. That said real property was acquired by a Deed dated September 23, 1991, wherein HEBER J. BARNETT and ALICE MARIE BARNETT, husband and wife, were the Grantors, and JOHN BALLOW and RACHEL BALLOW, husband and wife, were the Grantees.

That said Deed was recorded on September 24, 1993, in Book 98, Page 217, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

The West half of the Southwest quarter of the Northeast quarter (W1/2 SW1/4 NE1/4) of Section 9, Township 4 South, Range 67 East, M.D.B. & M.

EXCEPTING THEREFROM railroad right-of-way.

Subject to restrictions, conditions, reservations, rights, right-of-way and easements now of record, if any, or any that actually exist on the property.

That by reason of the foregoing, affiant hereby declares that the title and interest of JOHN BALLOW, Deceased in the above-described real property has vested in RACHEL BALLOW, in fee simple,


GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
488 FIFTH STREET - P. O. BOX 8
ELY, NEVADA 89301
(702) 289-4422

1 and that RACHEL BALLOW is the sole and absolute owner thereof,
2 together with the tenements, hereditaments, and appurtenances,
3 thereunto belonging or appertaining, and the reversion and
4 reversions, remainder and remainders, rents, issues and profits
5 thereof.

6 Lee Brooks Ballow
7 LEE BROOKS BALLOW

8 Subscribed and sworn to before me
9 this 6th day of September, 1994.

10 Tony T. Smith
11 NOTARY PUBLIC

12  TONYA T. SMITH
13 Notary Public - Nevada
14 Lincoln County
15 My comm. exp. Jan. 18, 1998

16 GARY D. FAIRMAN
17 A PROFESSIONAL CORPORATION
18 402 FIFTH STREET, P.O. BOX 8
19 ELI, NEVADA 89601
20 (702) 896-4421

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33 102372
34 FILED AND RECORDED AT REQUEST OF
35 Gov County Title
36 September 8, 1993
37 7:20 MINUTES PAST 4 O'CLOCK
38 P.M. IN BOOK 110 OF OFFICIAL
39 RECORDS PAGE 659 LINCOLN
40 COUNTY, NEVADA.

41 Yurika Setzer
42 By Leshie Boucher, Deputy

43 BOOK 110 PAGE 660

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 19-62 STATE FILE NUMBER

1. NAME OF DECEDENT FIRST JOHN MIDDLE BALLOW LAST

2. SEX Male 3. DATE OF DEATH Dec. 9, 1993 4. TIME OF DEATH 23:45

5. DATE OF BIRTH May 19, 1921 6. AGE 72 7. UNDER 1 YEAR 8. UNDER 5 YEARS 9. UNDER 10 YEARS 10. BIRTHPLACE Mexico

11. PLACE OF DEATH Nephi 12. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY Central Valley Medical Center

13. SURVIVING SPOUSE Rachel Schlarman

14. DECEASED'S USUAL OCCUPATION Section Foreman 15. KIND OF BUSINESS OR INDUSTRY Railroad

16. MARITAL STATUS Married

17. CITY, TOWN OR LOCATION OF DEATH Nephi 18. COUNTY OF DEATH Juab

19. RESIDENCE - STREET AND NUMBER Calliente 20. CITY, TOWN OR COMMUNITY Calliente 21. COUNTY Lincoln 22. STATE Utah

23. ZIP CODE 89008 24. WAS DECEDENT OF HISPANIC ORIGIN? 25. RACE White 26. EDUCATION 10

27. FATHER'S NAME John Franklin Ballow 28. MOTHER'S NAME Bitia Escamilla

29. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Pete Ballow (Brother) P.O. Box 129 Levan, Utah 84639

30. METHOD OF DISPOSITION Burial 31. DATE OF DISPOSITION Dec. 11, 1993 32. PLACE OF DISPOSITION Levan City Cemetery 33. LOCATION - City or Town, State Levan, Utah

34. SIGNATURE OF FUNERAL SERVICE LICENSEE Steven M. Erickson 35. LICENSE NUMBER 516 36. FUNERAL HOME (Name, address and license number) Anderson Funeral Home 94 West 300 North Nephi, Utah 84648 1508044

37. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/8/93 38. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO M.E.? 39. CERTIFIER Steven M. Erickson

40. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL James B. Besenrofer 41. LICENSE NUMBER 7756 42. DATE SIGNED (Date, Day, Year) December 9, 1993

43. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH Dr. James Besenrofer 336 East 600 North Nephi, Utah 84648

44. REGISTRAR'S SIGNATURE John E. Brockert 45. DATE FILED (Date, Day, Year) December 9, 1993

46. PART I: ENTER THE DISEASES, INJURIES OR CONDITIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDS, OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia DUE TO OR AS A CONSEQUENCE OF

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

47. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT Probably contributed to the cause of death Was the underlying cause of death Did not contribute to the cause of death Is unknown as related to the cause of death

48. WAS AN AUTOPSY PERFORMED? Yes No

49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

50. MANNER OF DEATH Natural Accident Suicide Homicide Undetermined (Report Pursued or Authorized)

51. DATE OF INJURY (Month, Day, Year) 52. TIME OF INJURY (24 Hour Clock) 53. INJURY AT WORK? Yes No

54. LOCATION (Street or Rural route number, city or town, county and state) 55. PLACE OF INJURY (Home, farm, school, factory, office, building, etc. (Specify))

56. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued DEC 10 1993
County Central Utah
Health Dept
Registrar

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS
By Lulla Joyner

19-62-210220

